

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM 10-875)

SERIAL NO.

10/578228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4		2				
5	1		1			
6		1		1		
7		2		2		
8		2		2		
9	1					
10	1					
11	1		1			
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TOTAL IND.	6		2			
TOTAL DEP.	3		7			
TOTAL CLAIMS	15		9			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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